SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

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Bayfield Co. Zoning Dept.

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Date: Refund: Permit #: Amount Paid が ある 6

5408		YLTIES .	AIT WILL RESULT IN PEN	WITHOUT A PERN	TING CONSTRUCTION V	Secretarial Staff FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	FAILURE TO OBTAI		Secretarial Sta
2403	×us	- 1/2		10.16.W		Conditional Use: (explain) 7 3.34.34	Condition		
+	0	<u>.</u>				Special Use: (explain)	Special Us	3	1
								ssuance	Hec d for Issua
	× )			,	Iteration (specify)	I⊳I	Accessory		
	х )	(				Building (specify)	Accessory Building	ña	🗆 Wunicipal Use
	×			:	delivery divines	Addition/Alteration (specify)	Addition/	Section in the section is a section in the section	
	× )					Mobile Home (manufactured date)	Mobile H		Secretarial Staff
	×		& food prep facilities)	or Cooking	sleeping quarters,	Bunkhouse w/ (□ sanitary, or □	Bunkhous		7
	×	_			age	with Attached Garage	Version of the	986	Commercial Use
	X	_				with (2 <sup>nd</sup> ) Deck			TEC O FOI ISSUANCE
	×					with a Deck		2002	201 424 P.VVCI
	×   >	_				with (2 <sup>nd</sup> ) Porch		- <del>-</del>	
and the same and the same to be trained to b	× ×	-				with Loft		8	Residential Use
	×	-	` **		hack, etc.)	Residence (i.e. cabin, hunting shack, etc.	Residence		
	×		***************************************		ure on property)	Principal Structure (first structure on property)	Principal		
Square Footage	imensions	U		°e	Proposed Structure			_ <	Proposed Use
\ \	II egg		wigh:	C	ruy Lengin: ,	JELLA	Chisting	Etton: JIV	Helion
·V	Height:		2			(to it)	ing applied fo	(if permit be	Existing Structure: (If permit being applied for is relevant
				1.1 0	4 2-004				
		et	Compost for		# 1-5000	Loundation		Property	
	ntract)	service co	☐ Portable (w/service contract)	□ None	1 (0 / 1	☐ No Basement	iness on	☐ Run a Business on	
<u> </u>	Vaulted (min 200 gallon)	r ∐Va∟	□ Privy (Pit) or			☐ Basement	Relocate (existing bldg)	□ Refocate	
	Specify Type:		- 1		- 1		ă		<u>٠</u>
<b>X</b> WeI	Specify Type:		□ (New) Sanitary	_ 2	- 1	- 1	Addition/Alteration	☐ Addition/	
□ City		₹	☐ Municipal/City	П <b>Р</b>	☐ Seasonal	□ 1-Story	struction	☐ New Construction	Hateler
Wate	pe of rry System operty?	What Type of Sewer/Sanitary Syste Is on the property?	Sewe Sewe	# of bedrooms	Use	# of Stories and/or basement	ect	Project	Value at Time of Completion * include donated time &
				-					≱-Non-Shoreland
						4			
□ Yes	□ Yes	feet	ucture is from Shoreline :	Distance Structure	Pond or Flowage	$\square$ is Property/Land within 1000 feet of Lake, Pon	ry/Land withir	🗆 is Properi	Jonoreiano →
>	Is Property in Floodplain Zone?	line : feet	ucture is from Shoreline :	Distance Structure	am (incl. Intermittent)	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain? If yes—continue —▶	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	☐ Is Proper Creek or La	
- 0.3					1 1				
Acreage	Vi A	Lot Size		PBCE	fown of:	N, Range <u>07</u> w	43	Township	Section 16
	'n	Subdivision:	Block(s) No.	Lot(s) No.	CSM Vol & Page	DV Š	Gov't Lot	<b>S</b> 1/4	NW 1/4, S
Page(s) 4 63	144	Volume	10000	9	04-012-2-43-		Legal Description: (Use Tax Statement)	Legal Descri	PROJECT LOCATION
ate/Zip): \$4.62   Written Authorization  BLE, WI Attached  Xyes No  Broaded Decument file Proports Ourselve in	WI Atta	CABLE, 1	Agent Mailing Address (Include City/State/Zip): S P.D. BOX 12, CABCE, 1	Reent Mailing A	0567	<u> </u>	Application on behalf	erson Signing App	Authorized Agent: (Person Signing Application on behalf of Owner(s))  JEREMY TUCK
Plumber Phone:				Plumber:	 				Contractor:
	\		4821	I 541	CABLE, W	<b>R</b> S,	MARK	Tele	43235
Cell Phone:	<u>821</u>	24	CABLE, WI	<i>R</i> .	5650 Krafts Pt.	H5650	200	tnds trom	Judy SAN
Telephone:	윤			City	Address:				Owner's Name:
OTHER	Π R O Δ	SPECIAL HISE	ור	TONDITION BILISE	DRIVY	NISE SANITARY		SERCTED L	TVDE OE DERMIT REDISESTED

Jener(s):

USC DEED PARTY HEROLIN PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the prop

Attach
Copy of Tax Stay
oroperty send you

® October

Date

17-12

if you are single and setall of the owner(s) a letter of authorization must accompany this application)

MEANINERS must sign or letter(s) of authorization must accompany this application)

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Attaclied

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No Feet

Fee

or Sanitary:

Hold For Affidavit:

Hold For Fees:

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County, WI

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